



07-11-02

RECEIVED

OP 1653

JUL 16 2002

Please type a plus sign (+) inside this box → ☒

TECH CENTER 1600/2000

PTO/SB/21 (08-00)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/582,926	
	<b>Filing Date</b>	July 6, 2000	
	<b>First Named Inventor</b>	A. Saikawa	
	<b>Group Art Unit</b>	1653	
	<b>Examiner Name</b>	D. Lukton	
<b>Total Number of Pages in This Submission</b>	6	<b>Attorney Docket Number</b>	2500 USOP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks:</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Elaine M. Ramesh, Ph.D., JD, Reg. No. 43,032
Signature	<i>Elaine M Ramesh</i>
Date	7/10/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express mail # EV 08267546645

Election/Amend B/#8  
J 7/31/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/582,926

Filed: July 6, 2000

1<sup>st</sup> Inventor: A. Saikawa

For: Sustained Release Compositions, Process  
for Producing the Same and Utilization  
Thereof

Atty. Dkt. No. 2500 USOP

Art Unit: 1653

Examiner: D. Lukton

Allowed:

Batch:

Paper No.: 8



Amendment and Election of Claims

Commissioner for Patents  
Washington, D.C. 20231

RECEIVED

JUL 16 2002

TECH CENTER 1600/2900

Sir:

In response to the Restriction Requirement mailed June 25, 2002, please consider the following amendment and remarks.

AMENDMENT

In the Claims

Please cancel claim 28.